

JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

September 19, 2006

Jodie Lynch, Administrator Emeritus Corporation - Loyalton of Coeur D'Alene 205 E Anton Ave Coeur D'Alene, ID 83814

License #: RC-771

FILE COPY

Dear Ms. Lynch:

On August 14, 2006, a life safety code survey was conducted at Emeritus Corporation - Loyalton of Coeur D'Alene. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Keith Barkow, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely.

KEITH BARKOW

Team Leader

Health Facility Surveyor

Facility Fire, Life Safety, and Construction Program

KB/slc

c:

Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6826 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

August 28, 2006

FILE COPY

Jodie Lynch, Administrator Emeritus Corporation - Loyalton of Coeur d'Alene 205 E Anton Ave Coeur d'Alene, ID 83814

Dear Ms. Lynch:

On August 14, 2006, a life safety code, state licensure survey was conducted at Emeritus Corporation - Loyalton of Coeur d'Alene. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 13, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Fire/Life Safety & Sanitation Program

MG/slc

Enclosure

Bureau of Facility Standards
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13R771

A. BUILDING 01 - ENTIRE BUILDING

B. WING _____

08/14/2006

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

X4) ID REFIX	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED BY	/FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLET
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
A9999	Initial Comments The facility was found to be in substantial compliance with the fire and life safety standards		A9999		
T PT TOTAL POPULATION	of the Rules for Residential or Assisted Facilities in Idaho. No core deficiencies cited during the standard fire/life safety conducted on Monday August 14, 2006. surveyor conducting the survey was:	were survey			The state of the s
	Keith Barkow Health Facility Surveyor				
		e e e e e e e e e e e e e e e e e e e			

Bureau of Facility Standards

TITLE

(X6) DATE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

-4 E J		V V Bud Bud A. A. A. A. S. Aud	(208) 334-6626 fax: (208) 364-1888	Pi	unch List
Facility N			Physical Address	Phone Number	7/1163
10	5 70 WOTIAL	DEUT d'ALENE	205 E. ANTON		57-6490
Administr	ator		City	ZIP Code	
To	die Lanch /	GINNY ENTERLY AST	AQS	23275	5
Survey To	eam Leader /	AST	Survey Type	Survey Date	
K	L BARKOW	\$ (m. 1)	FIRE + LIFE SAFET	1 8/14/06	:
	CORE ISSUES				
ITEM #	RULE#		DESCRIPTION		DATE RESOLVED
l	IDAPA	INSMI EXT &	- Eurogency lighting for	Kitchen	
· [16.03.22.	x carridar/H	Allian	orti	
	404 (13			
2	IDAPA.	INSTAU 2:	Esit Signs for MAIN Kit	when dages	
		1540ing to	5 Exit Corridor As	Reviews WISHAR	
	16.03.22.404				
3.	IDAPA	LAble AN EI	ectrical, Mechanical + Stow	BE DWRS	
	16.03.22	12 Past	SIGNS ON THESE CLOORS.		
	.404'0				

Exit Sign Bull out EAST STAIRWELL

Response Required Date

Signature of Facility Representative

A 14 06

· 404